



CITY OF PLEASANT HILL

BUSINESS LICENSE APPLICATION

☐ RENEWAL☐ NEW BUSINESS

Please type or print.

Make changes in printed information where necessary.

Return this form with Tax to:
City of Pleasant Hill
Business License Dept.
100 Gregory Lane
Pleasant Hill, CA 94523-3323
(925) 671-5234

IF YOU ARE NO LONGER CONDUCTING BUSINESS IN PLEASANT HILL, SIGN HERE

DATE OUT OF BUSINESS _____ (RETURN SIGNED FORM TO THE CITY.)

BUSINESS NAME

NO. OF PEOPLE WORKING AT THIS LOCATION (FT & F

BUSINESS LOCATION (Complete Address, City, State, Zip) CANNOT BE A P.O. BOX.

BUSINESS TELEPHONE

OWNER'S HOME TELEPHONE

DATE JOB STARTED IN PLEASANT HILL

BUSINESS OWNER

OWNER'S SOCIAL SECURITY NUM

HOME ADDRESS (Complete Address, City, State, Zip)

IS APPLICATION FOR ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ TRUST ATTACH SEPARATE
(LIST ALL PARTNERS) (LIST OFFICERS & TITLES) LIST IF NECESSARY

NAME/TITLE

ADDRESS

(AREA CODE) PHONE

NAME/TITLE

ADDRESS

(AREA CODE) PHONE

NAME/TITLE

ADDRESS

(AREA CODE) PHONE

RESALE NUMBER (BOARD OF EQUALIZATION)

STATE EMPLOYER I.D. #

FEDERAL EMPLOYER I.D. NUMBER

TO CALCULATE YOUR TAX, USE CATEGORY

IN SECTION C (OVER)

MAILING INFORMATION

ATTENTION

NAME

ADDRESS

CITY, ZIP

PLEASE CHECK APPROPRIATE BOXES:

YES NO

- ☐ ☐ Are you renting Commercial Property to a business? If yes, complete back of application (Section A).
☐ ☐ Do you pay rent for office, work station, storage, etc. space? If yes, complete back of application (Section B).
☐ ☐ Will business be conducted in your home? (Home Occupation Permit may be required if in Pleasant Hill; Call Planning Dept. at 671-5209)
☐ ☐ Will you be using live or film entertainment? (Permit required by Ordinance #217). Call 671-5234.
☐ ☐ Do you have any coin-operated machines (any type) on premises? If so, how many? Vending Business License # _____

Provide name and address of owners of coin operated machines on back of application (Section B).

Electronic Game Permit # _____ (Req'd if more than 3 electronic games, call 671-5234.

- ☐ ☐ Do you lease equipment from others? If yes, complete back of application (Section B).

TYPE OF BUSINESS (Give full description)

AFFIDAVIT: I hereby declare under penalty of perjury, that the reported information is true and correct to the best of my knowledge.

SIGNATURE _____

DATED _____

AVOID PENALTIES — FILE PROMPTLY

ALL BUSINESSES ARE SUBJECT TO AUDIT

OFFICE USE ONLY - FINANCE DEPT.

RECEIVED BY _____ DATE _____

AMOUNT _____ RECEIPT # _____

SIC CODE _____ LICENSE # _____

HOME OCCUP REF'L ☐
POLICE REF'L ☐CASH ☐
CHECK ☐ # _____

AUDIT _____

COMMUNITY DEVELOPMENT & POLICE DEPTS./OTHER AGENCIES

ZONING _____ LAND USE _____ HOME OCCUPATION _____

POLICE _____ HEALTH DEPT. _____

A If you rent commercial property to a business, please list the names of all the businesses you are renting space to on the lines provided.

B List below the names and addresses of ① Person(s) from whom you rent space (office, workstation, storage, etc.) ② Owners of coin operated machines located on your business premises and/or ③ Owners of equipment you lease. (Specify ①, ②, or ③)

CALCULATION OF TAX

C Find your category on the front of this application, just above the mailing address. Enter requested data for the appropriate category only. Using the separate Tax Schedule, determine your tax and penalty, if any, and enter them on the appropriate lines in Section D below.

CATEGORIES 01, 02, 05, AND 17

Applicants in business less than 12 months in the prior year shall compute gross receipts on an estimated 12 month basis.

	Amt. of Gross Receipts
01 - Retail/Wholesale/Service Real Estate Agents/Brokers	\$ _____
02 - Vending / Amusement	\$ _____
05 - Service By Vehicle*	\$ _____
* See Tax Schedule for definition of Service by Vehicle and instructions for reportable gross receipts.	
17 - Land Leases	\$ _____

CATEGORY 03: See definition of Professionals on Tax Schedule

03 - Professionals: You may choose the option that results in the lower tax.

OPTION A: Gross Receipts Amt. \$ _____

Refer to category 01 on the Tax Schedule to determine tax.
(If no gross receipts, you must use option B)

TOTAL TAX, OPTION A \$ _____

OPTION B: Refer to category 03 on the Tax Schedule to compute tax.

IMPORTANT: See definitions enclosed.

_____ Number of Professionals	x \$ _____	= \$ _____
_____ Number of Associates	x \$ _____	= \$ _____
_____ Number of Employees	x \$ _____	= \$ _____

TOTAL TAX, OPTION B \$ _____

CATEGORY 06:

06 - Administrative Office: Refer to Tax Schedule to compute tax.

IMPORTANT: See definitions enclosed.

_____ Number of Professionals	x \$ _____	= \$ _____
_____ Number of Associates	x \$ _____	= \$ _____
_____ Number of Employees	x \$ _____	= \$ _____

CATEGORIES 07, 41, and 42: See instructions on separate Tax Schedule

07 - Non-Residential Rental Property _____ Sq. Ft. x \$ _____ = \$ _____

41 - Apartments _____ No. of Units x \$ _____ = \$ _____
See Tax Schedule for prorating instructions.

42 - Hotels / Motels _____ No. of Rooms

CATEGORY 08:

08 - Miscellaneous _____
Description of Business

CATEGORY 11:

11 - Manufacturing Flat Fee \$ _____

_____ No. of Employees x \$ _____ = \$ _____

TOTAL TAX \$ _____

CATEGORIES 99 and 230:

Exempt and Non-Profit, respectively.
Exempt from payment of tax, but must file this form.

D ALL CATEGORIES PLEASE COMPLETE:

TAX \$ _____

PENALTY, if any (see below) \$ _____

AMOUNT ENCLOSED \$ _____

- * WE DO NOT INVOICE — PLEASE ENCLOSE PAYMENT
- * BE SURE TO COMPLETE ENTIRE APPLICATION
- * SIGN AND DATE FRONT OF APPLICATION

COST OF LIVING:

The Business License Ordinance provides an annual adjustment in License Tax based on the Consumer Price Index.

PENALTIES FOR LATE FILING: LICENSE TAX IS DUE JANUARY 1 AND BECOMES DELINQUENT ON FEBRUARY 1. PENALTIES ARE 2% PER MONTH OR PORTION OF A MONTH DELINQUENT, UP TO 100%. SEE RATE SCHEDULE FOR PRORATIONING OF ANNUAL RATE